

**FORM A**

**BAR APPLICANT TESTING ACCOMMODATIONS  
QUESTIONNAIRE**

**NOTE:** This form is part of the Application for Admission to the Bar of New Hampshire. It must be complete and accurate. Return the original forms with your Application for Admission and provide one copy to the Chair of the Board of Bar Examiners:

*(Please Type or Print Legibly)*

**Background Information:**

Applicant Name:		
Social Security Number:		
Address:		
Telephone Number:		Exam Date:

**Nature of Your Disability (Check all that apply):**

Blind	Other physical disability
Visually Impaired	Psychological disability
Hearing Impaired	Specific learning disability

What disability do you have?
Please give a detailed narrative description of the nature and extent of your disability.
Describe the functional limitations related to your disability that directly affect your ability to take the examination.
When did you first acquire the disability (approximate date and age)?
When was the disability first diagnosed by a treating professional (date and age)?
By whom (name, address and degree)?
What treatment is currently prescribed?

**Past Accommodations Granted:**

<p>Did you use disabled-student services, tutoring services or receive special test accommodations while you were in <b>elementary school</b>?</p> <p>If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:</p>	<p><u>Yes</u> <u>No</u></p> <p>Private Room Add'l Time Other</p>
<p>Did you use disabled-student services, tutoring services, or receive special test accommodations while you were in <b>high school</b>?</p> <p>If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:</p>	<p><u>Yes</u> <u>No</u></p> <p>Private Room Add'l Time Other</p>
<p>Did you use disabled-student services, tutoring services, or receive special test accommodations while you were in <b>college</b>?</p> <p>If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:</p>	<p><u>Yes</u> <u>No</u></p> <p>Private Room Add'l Time Other</p>
<p>Were you granted testing accommodations in <b>law school</b>?</p> <p>If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:</p>	<p><u>Yes</u> <u>No</u></p> <p>Private Room Add'l Time Other</p>
<p>Were you granted testing accommodations for taking the <b>LSAT examination</b>?</p> <p>If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:</p>	<p><u>Yes</u> <u>No</u></p> <p>Private Room Add'l Time Other</p>
<p>Were you granted testing accommodations for taking the <b>MPRE examination</b>?</p> <p>If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:</p>	<p><u>Yes</u> <u>No</u></p> <p>Private Room Add'l Time Other</p>
<p>Have you previously been granted testing accommodations for any other bar exam?</p> <p>If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:</p> <p>If you answered "yes" to any of the above questions, please attach any records or other documentation concerning the diagnosis and the accommodations granted. Medical records or documentation of long-standing accommodations is helpful.</p>	<p><u>Yes</u> <u>No</u></p> <p>Private Room Add'l Time Other</p>

**Requested Accommodations:**

Please check below the accommodation(s) that you believe is necessary for you to take the New Hampshire Bar Examination.

Communications and Alternative Formats			Personal Assistance		
	MBE	Essay		MBE	Essay
Braille version of exam			Typist		
Magnifying glass			Reader		
Audio cassette version of exam			Assistance with computer		
Large Print exam materials			Other		

If requesting special equipment or personal items in the test room (e.g., medications, special chair, special lighting), please describe:

**Additional Test Time**

If you are seeking additional test time, you must specify the amount of additional time requested for each 3-hour session.

MBE Portion	Add'l Time Requested	Essay Portion	Add'l Time Requested
MBE AM Session		Essay AM Session	
MBE PM Session		Essay PM Session	
Explain why you need additional time.			

**Limited Testing Time**

If you are seeking to limit the length of the test day, specify your time limitations for each test day and reasons for limitations.

Other accommodations requested. Please be specific:

**Applicant's Signature**

All the information furnished by me on this form and on Form B or Form B-AD/HD is true and correct and I understand that it may be reviewed by a physician and licensed professional.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

If you are unable to sign this form, please have someone sign and date it in your presence.

\_\_\_\_\_  
(Signature of individual signing on behalf of applicant)

\_\_\_\_\_  
(Date)

**NOTE: This accommodation request must be supported by medical documentation provided by a physician or licensed learning disability professional.**

**FORM B and/or FORM B-LD must be completed by your physician or licensed professional.**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public/Justice of the Peace  
My Commission Expires: